United States Bankruptcy Court Eastern District of Michigan

| In re | Robert James Ray, | | Case No | 15-46538-mar |
|-------|-------------------|---------|---------|--------------|
| | Aimee Nicole Ray | | | |
| | | Debtors | Chapter | 7 |
| | | | | · |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 24,430.00 | | |
| C - Property Claimed as Exempt | Yes | 2 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 11 | | 51,360.45 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 3,577.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 3,575.00 |
| Total Number of Sheets of ALL Schedules | | 25 | | | |
| | To | otal Assets | 24,430.00 | | |
| | | · | Total Liabilities | 51,360.45 | |

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United States Bankruptcy Court

| Eastern | District of Michigan | | |
|---|--|----------------------|------------------------|
| Robert James Ray, | | Case No 15- | 46538-mar |
| Aimee Nicole Ray | Debtors , | Chapter | 7 |
| STATISTICAL SUMMARY OF CERT. If you are an individual debtor whose debts are primarily of a case under chapter 7, 11 or 13, you must report all inform Check this box if you are an individual debtor whose report any information here. This information is for statistical purposes only under 2 Summarize the following types of liabilities, as reported | onsumer debts, as defined in § 1016 nation requested below. e debts are NOT primarily consumer 8 U.S.C. § 159. | B) of the Bankruptcy | y Code (11 U.S.C.§ 101 |
| Type of Liability | Amount | | |
| Domestic Support Obligations (from Schedule E) | 0. | 00 | |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0. | 00 | |
| Claims for Death or Personal Injury While Debtor Was Intoxicat (from Schedule E) (whether disputed or undisputed) | ed 0. | 00 | |
| Student Loan Obligations (from Schedule F) | 16,222. | 00 | |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0. | 00 | |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligfrom Schedule F) | gations 0. | 00 | |
| Т | OTAL 16,222 . | 00 | |
| State the following: | | | |
| Average Income (from Schedule I, Line 12) | 3,577. | 00 | |
| Average Expenses (from Schedule J, Line 22) | 3,575. | 00 | |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 4,273. | 00 | |
| State the following: | | | |
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | | 0.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORIT column | O. | 00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | | 0.00 |
| 4. Total from Schedule F | | | 51,360.45 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | | 51.360.45 |

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51,360.45

In re

Robert James Ray, **Aimee Nicole Ray**

| Case No. <u>15-46538-mar</u> |
|------------------------------|
|------------------------------|

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Husband, Wife, Joint, or Community

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Amount of Secured Claim

None

Sub-Total > 0.00 (Total of this page)

0.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

| In re | Robert James Ray |
|-------|------------------|
| | Aimee Nicole Ray |

| Case No. | 15-46538-mar |
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| | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|--|------------------|--|---|---|
| 1. | Cash on hand | X | | | |
| 2. | Checking, savings or other financial accounts, certificates of deposit, or | | Chekcing & saving accounts @ Huntington | J | 400.00 |
| | shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Savings account @ Monroe County Community CU | J | 5.00 |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others. | | Troy Briggs | J | 625.00 |
| 4. | Household goods and furnishings, including audio, video, and computer equipment. | | Household furnishings | J | 3,000.00 |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | | Wardrobe | J | 500.00 |
| 6. | Wearing apparel. | X | | | |
| 7. | Furs and jewelry. | | Jewelry | J | 4,400.00 |
| 8. | Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. | Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. | Annuities. Itemize and name each issuer. | X | | | |

Sub-Total > 8,930.00 (Total of this page)

| In re | Robert James Ray, |
|-------|-------------------|
| | Aimee Nicole Ray |

| Case No. 15-46538-mar | Case No. | 15-46538-mar |
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Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401k | н | 400.00 |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | | 2015 Anticipated income tax refund | J | 5,000.00 |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Tota | al > 5,400.00 |
| | | | | Sub-10ta (Fotal of this page | aı / 3,400.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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Robert James Ray, In re **Aimee Nicole Ray**

| Case No. | 15-46538-mar |
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| | |

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|---|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | Х | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | 2 | 2005 Ford Taurus | Н | 1,500.00 |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | (| 1) cat | J | 100.00 |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | (| Garnished funds | J | 3,500.00 |
| | not alleady listed. Refilize. | | Potential Claim against former employer for unpaid vacation days | I J | 5,000.00 |

10,100.00 Sub-Total > (Total of this page)

Total >

24,430.00

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

In re

Robert James Ray

| Case No | 15-46538-mar | |
|---------|--------------|--|
| | | |

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)

■ 11 U.S.C. §522(b)(2)
□ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, C Chekcing & saving accounts @ Huntington | ertificates of Deposit 11 U.S.C. § 522(d)(5) | 200.00 | 400.00 |
| Savings account @ Monroe County Community CU | 11 U.S.C. § 522(d)(5) | 2.50 | 5.00 |
| Security Deposits with Utilities, Landlords, and Oth Troy Briggs | ners 11 U.S.C. § 522(d)(5) | 312.50 | 625.00 |
| <u>Household Goods and Furnishings</u> Household furnishings | 11 U.S.C. § 522(d)(3) | 1,500.00 | 3,000.00 |
| Books, Pictures and Other Art Objects; Collectibles Wardrobe | 5 11 U.S.C. § 522(d)(3) | 250.00 | 500.00 |
| Furs and Jewelry Jewelry | 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) | 1,550.00 650.00 | 4,400.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension of 401k | r Profit Sharing Plans 11 U.S.C. § 522(d)(12) | 100% | 400.00 |
| Other Liquidated Debts Owing Debtor Including Ta 2015 Anticipated income tax refund | <u>x Refund</u> 11 U.S.C. § 522(d)(5) | 2,500.00 | 5,000.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles 2005 Ford Taurus | 11 U.S.C. § 522(d)(2) | 1,500.00 | 1,500.00 |
| Animals (1) cat | 11 U.S.C. § 522(d)(3) | 50.00 | 100.00 |
| Other Personal Property of Any Kind Not Already L Garnished funds | <u>.isted</u> 11 U.S.C. § 522(d)(5) | 1,750.00 | 3,500.00 |
| Potential Claim against former employer for unpaid vacation days | 11 U.S.C. § 522(d)(5) | 5,000.00 | 5,000.00 |

Total: 15,665.00 24,430.00

Aimee Nicole Ray In re

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds (Check one box) ■ 11 U.S.C. §522(b)(2)
□ 11 U.S.C. §522(b)(3)

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------------|---|
| Checking, Savings, or Other Financial Accounts, C Chekcing & saving accounts @ Huntington | Certificates of Deposit 11 U.S.C. § 522(d)(5) | 200.00 | 400.00 |
| Savings account @ Monroe County Community CU | 11 U.S.C. § 522(d)(5) | 2.50 | 5.00 |
| Security Deposits with Utilities, Landlords, and Otl Troy Briggs | ners 11 U.S.C. § 522(d)(5) | 312.50 | 625.00 |
| Household Goods and Furnishings Household furnishings | 11 U.S.C. § 522(d)(3) | 1,500.00 | 3,000.00 |
| Books, Pictures and Other Art Objects; Collectible Wardrobe | <u>s</u> 11 U.S.C. § 522(d)(3) | 250.00 | 500.00 |
| Furs and Jewelry Jewelry | 11 U.S.C. § 522(d)(4) 11 U.S.C. § 522(d)(5) | 1,550.00 650.00 | 4,400.00 |
| Other Liquidated Debts Owing Debtor Including Ta 2015 Anticipated income tax refund | nx <u>Refund</u> 11 U.S.C. § 522(d)(5) | 2,500.00 | 5,000.00 |
| Animals (1) cat | 11 U.S.C. § 522(d)(3) | 50.00 | 100.00 |
| Other Personal Property of Any Kind Not Already Garnished funds | <u>Listed</u> 11 U.S.C. § 522(d)(5) | 1,750.00 | 3,500.00 |

Total: 8,765.00 17,530.00

In re Robert James Ray, **Aimee Nicole Ray**

| Case No | 15-46538-mar | |
|---------|--------------|--|
| | | |

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| eneck this box if debtor has no creditors holds | ing | scci | area claims to report on this selecture D. | | | | | |
|--|----------------------|-------------|--|------------|--------------|-----------------|---|---------------------------------|
| CDEDITODIC NAME | | | sband, Wife, Joint, or Community | D I | AMOUNT OF | | | |
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C A M | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTLNGENT | OH-PO-CO-LZC | SPUTED | CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
| Account No. | | | | | T E | | | |
| | | | | - | D | | | |
| | ⊢ | \vdash | Value \$ | ⊣ | \dashv | $\vdash \vdash$ | | |
| Account No. | | | Value \$ | - | | | | |
| Account No. | Г | Τ | | П | \Box | П | | |
| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| | | | Value \$ | | | | | |
| | | | S | ubto | ota' | 1 | | |
| continuation sheets attached | (Total of this page) | | | | | | | |
| | | | (Report on Summary of Sc | | ota ule | - 1 | 0.00 | 0.00 |

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In re

Robert James Ray, Aimee Nicole Ray

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

| Check this box is debtor has no deditors nothing dissecured priority claims to report on this seneduce E. |
|--|
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) |
| □ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). |
| ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). |
| ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). |
| ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). |
| ☐ Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). |
| ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). |
| ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). |
| Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10). |

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| In re | Robert James Ray |
|-------|------------------|
| | Aimee Nicole Ray |

| Case No | 15-46538-mar | |
|---------|--------------|--|
| | | |

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | D | |
|--|-----------------|--------|---|---------------|-----------------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | J H | | ONTINGEN | Z L Q U L D | DISPUTED | AMOUNT OF CLAIN |
| Account No. 1288738 Aams Llc 4800 Mills Civic Pkwy St West Des Moines, IA 50265 | | н | Opened 2/01/14 Collection Attorney St Joseph Mercy- Ann Arbor | T | D A T E D | | |
| Account No. 1158803 | | | Opened 6/01/13 | | | | 34.00 |
| AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265 | | н | Collection Attorney St Joseph Mercy- Ann Arbor | | | | 559.00 |
| Account No. 1298665 AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265 | | н | Opened 2/01/14 Collection Attorney St Joseph Mercy- Ann Arbor | | | | 434.00 |
| Account No. 1244819 | | | Opened 10/01/13 | | | | |
| AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265 | | н | Collection Attorney St Joseph Mercy- Ann Arbor | | | | 118.00 |
| | | 1 | I (Total o | Sub f this | | | 1,145.00 |

| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| | 1 | Г | sband, Wife, Joint, or Community | 10 | 1. | J D | |
|---|----------|-------------|--|-----------------|-----|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W H | DATE CLAIM WAS INCUDED AND | D T I N G G E N | | I S P U T E D | AMOUNT OF CLAIM |
| Account No. 18772391 | | | Opened 10/01/14 | Т | I | | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | Н | Collection Attorney Integrated Health Associates | | | | 77.00 |
| Account No. 19631735 | ╁ | + | Opened 10/01/14 | | + | + | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Collection Attorney Integrated Health Associates | | | | |
| | | | | | | | 74.00 |
| Account No. 18495808 Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Opened 10/01/14 Collection Attorney Integrated Health Associates | | | | 55.00 |
| Account No. 16509745 | ╁ | \vdash | Opened 10/01/13 | | + | + | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Collection Attorney Integrated Health Associates | | | | F2.00 |
| A | ╀ | \perp | On an ad 40/04/44 | | + | \perp | 53.00 |
| Account No. 22291001 Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Opened 10/01/14 Collection Attorney Integrated Health Associates | | | | 48.00 |
| Sheet no1 of _10_ sheets attached to Schedule of | | | 1 | Sub | tot | al | |
| Creditors Holding Unsecured Nonpriority Claims | | | (To | otal of this | | | 307.00 |

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| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| | С | Hu | sband, Wife, Joint, or Community | Тс | Ιυ | D | |
|---|------------|-------------|---|------------|--------|---------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Q | I S P U T E D | AMOUNT OF CLAIM |
| Account No. 16826167 | Γ | | Opened 10/01/13 | ٦т | T E | | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Collection Attorney Integrated Health Associates | | D | | 32.00 |
| Account No. 18249952 | ┢ | | Opened 10/01/14 | + | ╁ | \vdash | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Collection Attorney Integrated Health Associates | | | | 23.00 |
| Account No. 18386809 | _ | | 0 | | - | | 23.00 |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Opened 10/01/14 Collection Attorney Integrated Health Associates | | | | 23.00 |
| Account No. 18318690 | ╂ | | Opened 10/01/14 | _ | - | | |
| Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | | н | Collection Attorney Integrated Health Associates | | | | |
| Account No. 18036592 | lacksquare | | Opened 10/01/14 | _ | | | 23.00 |
| Account No. 18036592 Americollect Inc 1851 S Alverno Rd Manitowoc, WI 54220 | - | н | Collection Attorney Integrated Health Associates | | | | 23.00 |
| Sheet no. 2 of 10 sheets attached to Schedule of | | | | Sub | tota | al | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total o | | | | 124.00 |

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| In re Rol | obert James Ray, | Case No | 15-46538-mar |
|-----------|------------------|---------|--------------|
| | mee Nicole Ray | | |

| | _ | 1 | I I I Wife I i i i i i i i i i i i i i i i i i i | 10 | I | _ | |
|---|----------|-------------|---|-------------|-------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | L H H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CORFLEGER | UNLIQUIDA | DISPUTED | AMOUNT OF CLAIM |
| Account No. 501108 | | | 01 Stevens Disposal | T | T E D | | |
| Cbc Credit 23 E. Front St Monroe, MI 48161 | | н | | | D | | 63.00 |
| Account No. CCI21175568 | | | 10 Michigan Gas Utilities Corp 26 | | | | |
| Cci Contract Callers I Augusta, GA 30901 | | W | | | | | |
| | | | | | | | 1,509.00 |
| Account No. CCI21117422 | | | 10 Michigan Gas Utilities Corp 26 | | | | |
| Cci Contract Callers I Augusta, GA 30901 | | Н | | | | | 675,00 |
| Account No. 6072202020158006 | | | Opened 5/04/10 Last Active 3/01/11 | - | | | 073.00 |
| Citifinancial 605 Munn Road Fort Mill, SC 29715 | | J | Unsecured | | | | 0.00 |
| Account No. D124285N1 | | | Opened 12/01/08 | | | | |
| Complete Credit Soluti 2921 Brown Trail Ste 100 Bedford, TX 76021 | | н | Collection Attorney Plains Commerce Bank | | | | 727.00 |
| | | | | <u> </u> | <u>L</u> | | 121.00 |
| Sheet no. 3 of 10 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 2,974.00 |

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| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| CREDITOR'S NAME, | 000 | | usband, Wife, Joint, or Community | CO | U N | DI | |
|---|----------|-------------|--|------------|--------------|-------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | ODE BTOR | C A M | CONSIDERATION FOR CLAIM. IF CLAIM | COXFLXGEXF | UNLIQUIDATED | PUTED | AMOUNT OF CLAIM |
| Account No. 115440 | | | 03 Corrigan Oil Company |]⊤ | T E | | |
| Credit Burea 25 South Huron Ypsilanti, MI 48197 | | Н | | | D | | 464.00 |
| Account No. 900000380105736 | | | Opened 4/15/10 Last Active 3/10/14 | | | | |
| Dept Of Education/neln 121 S 13th St Lincoln, NE 68508 | | W | Educational | | | | |
| | | | | | | | 550.00 |
| Account No. | | | 2014 | | | | |
| Driver's Responsibility Michigan Department of Treasury P.O. Box 30199 Lansing, MI 48909 | | н | Driver Responsibility Fees | | | | 2,500.00 |
| Account No. | | | | | | | 2,300.00 |
| 53rd District Court # 204 S. Highlander Way, Ste. 1 Howell, MI 48843 | | | Representing: Driver's Responsibility | | | | Notice Only |
| Account No. | | T | 2010 | | | | |
| Driver's Responsibility Michigan Department of Treasury P.O. Box 30199 Lansing, MI 48909 | | W | Driver responsibility Fees | | | | 2,000.00 |
| Sheet no4 of _10_ sheets attached to Schedule of | _ | _ | | Sub | tota | 1 | 5,514.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | e) | 3,314.00 |

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Best Case Bankruptcy

| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| | l c | Li. | shand Wife Joint or Community | | Ιυ | Ь | |
|--|----------|------------------------|---|-------------|--------------|-----------------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | UNLIQUIDATED | I S P U T | AMOUNT OF CLAIM |
| Account No. 723153200016 | | | Opened 9/01/13 Last Active 7/24/14 | | E | | |
| Dte Energy Attention: Bankruptcy Department Po Box 740786 Cincinnati, OH 45274 | | н | Agriculture | | D | | 867.00 |
| Account No. 608063400014 | 1 | | Opened 2/01/08 Last Active 5/04/12 | \dagger | H | | |
| Dte Energy Attention: Bankruptcy Department Po Box 740786 Cincinnati, OH 45274 | | н | Agriculture | | | | 50.00 |
| Account No. 92525463 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | | w | Opened 3/01/14 Collection Attorney Tmobile | | | | 1,416.00 |
| Account No. 108495079 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | - | Н | Opened 9/01/14 Collection Attorney Comcast Cable Communications | | | | 220.00 |
| Account No. 119018966 Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | - | w | Opened 1/01/15 Collection Attorney Charter Communication | | | | 218.00 |
| Sheet no5 of _10_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | • | (Total of | Sub this | | | 2,771.00 |

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| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| | _ | ш., | sband, Wife, Joint, or Community | l c | ш | Ь | |
|---|----------|------------------|---|------------|--------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONFINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| Account No. 23833116 | | | Opened 10/01/14 Last Active 2/03/15 | ٦ | T E | | |
| Harris Harris & Harris, Ltd. 111 W Jackson Blvd 400 Chicago, IL 60604 | | н | Collection Attorney Michigan Gas Utilities | | D | | 423.00 |
| Account No. 10739871 | | | Opened 8/01/13 | | | | |
| L J Ross Associates In 4 Universal Way Jackson, MI 49202 | | Н | Collection Attorney Consumers Energy | | | | |
| | | | | | | | 1,768.00 |
| Account No. xx-1853 Melvin Conley 204 Hurd St Milan, MI 48160 | | J | 2013 Rent and water bill | | | | |
| | | | | | | | 2,877.45 |
| Account No. 15v580SC | | | | | | | |
| 1st District Court 106 E. First Monroe, MI 48161 | | | Representing: Melvin Conley | | | | Notice Only |
| Account No. 8559183137 | | | Opened 4/01/13 | | | | |
| Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123 | | н | Factoring Company Account T-Mobile | | | | |
| | | | | | | | 1,232.00 |
| Sheet no. <u>6</u> of <u>10</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | <u> </u> | (Total of t | Subt | | | 6,300.45 |

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| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| CREDITOR'S NAME, | č | Нι | sband, Wife, Joint, or Community | | Ç | Ų | D |) |
|--|---------------|-------------|---|--------------|------------|-------------|--------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | O D E B T O R | C J M | CONSIDERATION FOR CLAIM. IF C IS SUBJECT TO SETOFF, SO STA | CLAIM | CONTINGENT | NLIQUIDATED | SPUTED | AMOUNT OF CLAIM |
| Account No. 976486 | | | Opened 10/01/08 | | Т | T | | |
| Money Recovery Nationw Po Box 13129 Lansing, MI 48901 | | J | Collection Attorney Mrd Custer | | | D | | 4,769.00 |
| Account No. 32597514 | | | Opened 9/01/13 | | | | | |
| National Recovery Agen 2491 Paxton St Harrisburg, PA 17111 | | н | Collection Attorney Aspen Dental | | | | | 93.00 |
| Account No. 6072202013172130 | | \vdash | Opened 3/01/13 Last Active 2/25/15 | | | | | |
| Onemain Fi 6801 Colwell Blvd Irving, TX 75039 | | J | Unsecured | | | | | 4,949.00 |
| Account No. 6072202022166447 | | | Opened 4/06/12 Last Active 3/01/13 | | | | | |
| Onemain Fi 6801 Colwell Blvd Irving, TX 75039 | | J | Automobile | | | | | 500.00 |
| Account No. 6072202011161224 | | | Opened 3/01/11 Last Active 4/06/12 | | | | | |
| Onemain Fi 6801 Colwell Blvd Irving, TX 75039 | | J | Unsecured | | | | | 100.00 |
| Sheet no. 7 of 10 sheets attached to Schedule of | | | | S | ubt | ota | 1 | 10 414 00 |
| Creditors Holding Unsecured Nonpriority Claims | | | | (Total of th | nis | pag | e) | 10,411.00 |

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| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| | С | Hu | sband, Wife, Joint, or Community | Tc | U | D | |
|---|----------|------------------|---|------------|-----------------|--------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTLNGENT | NL - QU - DATED | SPUTED | AMOUNT OF CLAIM |
| Account No. 15704313 | | | 01 Comcast | | TE | | |
| Stellar Rec 4500 Salisbury Rd Ste 10 Jacksonville, FL 32216 | | w | | | D | | 217.00 |
| Account No. 19559022 | - | H | Opened 4/01/10 Last Active 7/02/14 | + | _ | | |
| U S Dept Of Ed/GsI/AtI Po Box 4222 Iowa City, IA 52244 | | w | Educational | | | | 7,324.00 |
| Account No. 19559173 | - | | Opened 4/01/10 Last Active 7/02/14 | + | | | 1,0=1100 |
| U S Dept Of Ed/GsI/Atl Po Box 4222 Iowa City, IA 52244 | | w | Educational | | | | 4,348.00 |
| Account No. 10042342 | ┢ | | Opened 10/01/10 | + | | | , |
| Unique National Collec 119 E Maple St Jeffersonville, IN 47130 | | н | Collection Attorney Monroe County Library System | | | | 154.00 |
| Account No. UN10DSW0019645362 | - | | Opened 6/01/10 | + | | - | .54.00 |
| Universal Credit Servi Po Box 158 Hartland, MI 48353 | | Н | Collection Attorney U/M School Of Dentistry | | | | 263.00 |
| Sheet no. 8 of 10 sheets attached to Schedule of | | | | Subt | tota | ıl | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | | | | 12,306.00 |

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Best Case Bankruptcy

| In re | Robert James Ray, | Case No | 15-46538-mar |
|-------|-------------------|---------|--------------|
| | Aimee Nicole Ray | | |

| | | _ | | | | | |
|--|----------|---------|---|------------|--------------|--------|-----------------|
| CREDITOR'S NAME, | C | Hu | sband, Wife, Joint, or Community | C | U | D | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIGUIDATED | SPUTED | AMOUNT OF CLAIM |
| Account No. 700001829127636 | | | Opened 4/15/10 Last Active 3/01/13 | Т | T | | |
| Us Dep Ed Po Box 5609 Greenville, TX 75403 | | w | Educational | | D | | 2,500.00 |
| Account No. 2728636291 | | | Opened 4/15/10 Last Active 9/30/11 | | | | |
| Us Dep Ed Po Box 5609 Greenville, TX 75403 | | w | Educational | | | | 1,500.00 |
| | | | | _ | | | 1,500.00 |
| Verizon 500 Technology Dr Ste 550 Weldon Spring, MO 63304 | | н | Opened 6/01/12 Last Active 2/28/13 | | | | 1,796.00 |
| Account No. xx-1853 | | | 2013 | | | | |
| ZB Holdings LLC 1005 Azaila Rd Dundee, MI 48131 | | J | Rent | | | | 3,712.00 |
| Account No. 13M2798LT | | | | | | | |
| 1st District Court # 106 E. First Monroe, MI 48161 | | | Representing: ZB Holdings LLC | | | | Notice Only |
| Sheet no. 9 of 10 sheets attached to Schedule of | | | | Sub | | | 9,508.00 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | nıs | pag | e) | · |

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| In re | Robert James Ray, | Case No. <u>15-46538-mar</u> |
|-------|-------------------|------------------------------|
| | Aimee Nicole Ray | |

| | | | | _ | | _ | i |
|---|----------|--------|--|------------|--------------|-----|-----------------|
| CREDITOR'S NAME, | 000 | | sband, Wife, Joint, or Community | | N | ľ | |
| MAILING ADDRESS INCLUDING ZIP CODE, | E | H W | DATE CLAIM WAS INCURRED AND | T | ļ | P | |
| AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UZLIQUIDATED | Ť | AMOUNT OF CLAIM |
| | R | Ľ | | E N | D A | D | |
| Account No. xx-1853 | | | | ' | E | | |
| Andrew Warner | | | Representing: | | ۲ | ┢ | |
| 1005 Azaila Rd | | | ZB Holdings LLC | | | | Notice Only |
| Dundee, MI 48131 | | | 25 Holdings 220 | | | | nonce only |
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| Sheet no. 10 of 10 sheets attached to Schedule of | <u> </u> | _ | | Subt | toto | 1 | |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | | | | 0.00 |
| Creations froiding Onsecured Nonphorny Claims | | | (Total of t | | | | |
| | | | (Dament - 11 Carrent - 12 Carre | | ota | | 51,360.45 |
| | | | (Report on Summary of Sc | nec | ıule | :s) | 2.,555.76 |

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In re

Robert James Ray, **Aimee Nicole Ray**

| Case No. | 15-46538-mar |
|----------|--------------|
| | |

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

Troy Briggs 433 Mason St. Ypsilanti, MI 48197 Rent, \$750.00

In re

Robert James Ray, Aimee Nicole Ray

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

| Fill | in this information to identify | your case: | | | | | | | | |
|--------------|---|---|----------|------------------------------|-------|------|--|-------------------------|-------------------------|-----------|
| De | btor 1 Rober | t James Ray | | | | | | | | |
| | btor 2 ouse, if filing) Aimee | Nicole Ray | | | | _ | | | | |
| Uni | ited States Bankruptcy Court | for the: EASTERN DISTRIC | r of Mic | HIGAN | | | | | | |
| | se number | nar | _ | | | | Check if this is An amende A supplement | ed filing ent showir | ng post-petition | n chapter |
| O | fficial Form B 6I | | | | | | MM / DD/ Y | | ollowing date. | |
| | chedule I: Your | Income | | | | | IVIIVI / DD/ Y | YYY | | 12/13 |
| spo atta | ouse. If you are separated a | If you are married and not fil nd your spouse is not filing w form. On the top of any addit | ith you, | do not include i | infor | mati | on about your sp | ouse. If m | ore space is | needed, |
| 1. | information. | | Debto | or 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one attach a separate page wit information about additional | h Employment status | | nployed t employed | | | ■ Employed□ Not employedDental Assistant | | | |
| | employers. | Occupation | Press | s Operator | | | | | | |
| | Include part-time, seasona self-employed work. | ll, or Employer's name | Geor | Georgia Pacific | | | Convenient Dental Care | | | |
| | Occupation may include st or homemaker, if it applies | | | Peach Street ta, GA 30303 | | | 7500 N Monroe | • | | |
| Pal | rt 2: Give Details Abo | How long employed | there? | 7 years | | | | years | | |
| Esti spoi | imate monthly income as o | f the date you file this form. It | , | 3 1 | | Í | , , | · | • | J |
| | | | | | | | For Debtor 1 | | btor 2 or ing spouse | |
| 2. | | s, salary, and commissions (lonthly, calculate what the month | | | 2. | \$ | 2,840.00 | \$ | 1,651.00 | |
| 3. | Estimate and list monthly | y overtime pay. | | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. | Add line 2 + line 3. | | | 4. | \$ | 2,840.00 | \$ | 1,651.00 | |

Debtor 1 Robert James Ray
Aimee Nicole Ray

Case number (if known)

15-46538-mar

| | | | | For | Debtor 1 | For Deb | tor 2 or ig spouse | |
|-----|---------------|---|-------------|-----------|----------------|--------------------|-----------------------|----------|
| | Copy | / line 4 here | 4. | \$ | 2,840.00 | \$ | 1,651.00 | |
| 5. | l ist : | all payroll deductions: | | | | | | |
| J. | | | E o | ¢. | 540.00 | ·r. | 400.00 | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$_ | 510.00 | \$ | 189.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ \$ | 0.00 | \$ \$ | 0.00 | |
| | 5e. | Insurance | 5e. | · - | 215.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations Union dues | 5f. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 5g. 5h. | Other deductions. Specify: | 5g. 5h.+ | · — | 0.00 | * | 0.00 | |
| _ | | | _ | · — | | | | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 725.00 | \$ | 189.00 | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,115.00 | \$ | 1,462.00 | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filling spouse, or a dependent | OD. | Ψ | 0.00 | Ψ | 0.00 | |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | \$_ \$ | 0.00 | \$ \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | _8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _8h.+ | \$_ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | į | 2,115.00 + \$_ | 1,462. | 00 = \$3 | 3,577.00 |
| 11. | Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify: | depen | | • | ed in <i>Sch</i> e | edule J. 1. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | a, if it | | 3,577.00 |
| 13. | Do ve | ou expect an increase or decrease within the year after you file this form | 2 | | | | Combine monthly | |
| 13. | □ D0 y | No. Yes. Explain: | • | | | | | |
| | | | | | | | | |

| Fill | in this information to identify your case: | | | | |
|--------|---|---|------|-----------------------|-------------------------------|
| Deb | tor 1 Robert James Ray | | Che | ck if this is: | |
| | | | | An amended filing | |
| | Aimee Nicole Ray | | | | wing post-petition chapter |
| (Spo | buse, if filing) | | | 13 expenses as of | the following date: |
| Unit | ed States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIG | GAN | | MM / DD / YYYY | |
| Cas | e number | | П | A separate filing fo | r Debtor 2 because Debtor |
| (If kı | nown) | | _ | 2 maintains a sepa | |
| | W. C. I. F D. O. I. | | | | |
| | fficial Form B 6J | | | | |
| | chedule J: Your Expenses | filima to mother heath o | | | 12/13 |
| | as complete and accurate as possible. If two married people at prmation. If more space is needed, attach another sheet to this | | | | |
| | nber (if known). Answer every question. | , | | pages, seem | , |
| Par | t 1: Describe Your Household | | | | |
| 1. | Is this a joint case? | | | | |
| | □ No. Go to line 2. | | | | |
| | Yes. Does Debtor 2 live in a separate household? | | | | |
| | • | | | | |
| | ■ No | | | | |
| | ☐ Yes. Debtor 2 must file a separate Schedule J. | | | | |
| 2. | Do you have dependents? ☐ No | | | | |
| | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relationshi Debtor 1 or Debtor 2 | p to | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents' names. | Son | | 4 | Yes |
| | | | | | ☐ No |
| | | Son | | 6 | ■ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No. | | | _ | ☐ Yes |
| 0. | expenses of people other than | | | | |
| | yourself and your dependents? | | | | |
| Par | t 2: Estimate Your Ongoing Monthly Expenses | | | | |
| Est | imate your expenses as of your bankruptcy filing date unless y | | | | |
| • | enses as of a date after the bankruptcy is filed. If this is a supp | olemental <i>Schedule J</i> , c | heck | the box at the top of | of the form and fill in the |
| app | licable date. | | | | |
| | lude expenses paid for with non-cash government assistance i | | | | |
| | value of such assistance and have included it on Schedule I: Yificial Form 6I.) | Your Income | | Your exp | enses |
| (0 | | | | • | |
| 4. | The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot. | nclude first mortgage | 4. | \$ | 850.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | · - | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. | \$ | 50.00 |
| _ | 4d. Homeowner's association or condominium dues | | 4d. | · | 0.00 |
| 5 | Additional mortgage nayments for your residence, such as ho | me equity loans | 5 | \$ | 0.00 |

Official Form B 6J Schedule J: Your Expenses page 1 15-46538-mar Doc 11 Filed 05/07/15 Entered 05/07/15 11:59:44 Page 26 of 36

Schedule J: Your Expenses Official Form B 6J 15-46538-mar Doc 11 Filed 05/07/15 Entered 05/07/15 11:59:44 Page 27 of 36

United States Bankruptcy Court Eastern District of Michigan

| In re | Robert James Ray Aimee Nicole Ray | | Case No. | 15-46538-mar |
|---|---|--|---|---|
| | 7 mileo Nicole Ray | Debtor(s) | Chapter | 7 |
| | DECLARATION | CONCERNING DEBTO | OR'S SCHEDUL | ES |
| | DECLARATION UNDER | R PENALTY OF PERJURY F | SY INDIVIDUAL DI | EBTOR |
| LI | | | | |
| | leclare under penalty of perjury that I have re e true and correct to the best of my knowleds | | schedules, consisting | of 27 sneets, and that |
| Date | April 24, 2015 | Signature: /s | / Robert James Ray | |
| | | | | Debtor |
| Date | April 24, 2015 | Signature: /s | / Aimee Nicole Ray | |
| | | | • | Debtor, if any) |
| | | [If joint case | , both spouses must sign.] | |
| | DECLARATION AND SIGNATURE OF NO | | | TD (G . 11 T) G G . 110) |
| 10(h) a chargeal lebtor of Printed fithe barespons. | pensation and have provided the debtor with a coand 342(b); and, (3) if rules or guidelines have be ble by bankruptcy petition preparers, I have given accepting any fee from the debtor, as required I or Typed Name and Title, if any, of Bankruptcy ankruptcy petition preparer is not an individual, with the person, or partner who signs this document. | peen promulgated pursuant to 11 U. In the debtor notice of the maximum by that section. Petition Preparer | S.C. § 110(h) setting a n n amount before preparing | naximum fee for services ng any document for filing for a o. (Required by 11 U.S.C. § 110.) |
| Address | 3 | | | |
| X | ure of Bankruptcy Petition Preparer | | Data | |
| Signatu | are of Bankrupicy Petition Preparer | | Date | |
| | and Social Security numbers of all other individur is not an individual: | als who prepared or assisted in pre | paring this document, u | nless the bankruptcy petition |
| A bankr | than one person prepared this document, attach ruptcy petition preparer's failure to comply with t isonment or both. 11 U.S.C. § 110; 18 U.S.C. § | the provisions of title 11 and the F | | |
|] | DECLARATION UNDER PENALTY OF | F PERJURY ON BEHALF O | F A CORPORATIO | N OR PARTNERSHIP |
| he part nave re | the [the president or other officer or an tnership] of the [corporation or partner and the foregoing summary and schedules, coe true and correct to the best of my knowledges. | rship] named as a debtor in this onsisting of sheets [total s | case, declare under pe | enalty of perjury that I |
| Date | | Signature: | | |
| | | | | zidual signing on behalf of debtor |
| | | | | |

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[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court Eastern District of Michigan

| In re | Aimee Nicole Ray | | | 15-46538-mar |
|-------|------------------|-----------|---------|--------------|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT \$12,920.39 | SOURCE 2015 YTD: Husband Employment Income |
|------------------------------|--|
| \$33,011.16 | 2014: Husband Employment Income |
| \$33,126.60 | 2013: Husband Employment Income |
| \$3,907.20 | 2015 YTD: Wife Employment Income |
| \$20,698.62 | 2014: Wife Employment Income |
| \$11,586.11 | 2013: Wife Employment Income |

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL

OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

| | DATES OF PAYMENTS/ | AMOUNT PAID OR VALUE OF | AMOUNT STILL |
|------------------------------|-----------------------|-------------------------------|--------------|
| NAME AND ADDRESS OF CREDITOR | TRANSFERS | TRANSFERS | OWING |

None c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR Cathy Ray | DATE OF PAYMENT | AMOUNT PAID \$5,000.00 | AMOUNT STILL OWING \$0.00 |
|--|-----------------|----------------------------------|--|
| John Taylor III | | \$500.00 | \$0.00 |
| Joseph Rudnick | | \$0.00 | \$0.00 |

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY NATURE OF STATUS OR AND CASE NUMBER PROCEEDING AND LOCATION DISPOSITION

 $[^]st$ Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13) 3

CAPTION OF SUIT AND CASE NUMBER Melvin Conley V Ray

NATURE OF **PROCEEDING Civil Suit**

COURT OR AGENCY AND LOCATION **1st District Court** 106 E. First

Monroe, MI 48161

STATUS OR DISPOSITION **Judgment**

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

10055 Dundee

Andrew Warner

\$3,500.00

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION. FORECLOSURE SALE. TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT

DATE OF

DESCRIPTION AND VALUE OF

ORDER **PROPERTY** CASE TITLE & NUMBER

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

1

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 3/4/2015 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$100.00

Frego & Associates - The Bankruptcy Law 23843 Joy Road Dearborn Heights, MI 48127

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

'RANSFER(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS **307 E.** NAME USED
Robert James Ray

DATES OF OCCUPANCY

7/2012 - 2/2013 2/2013 - 7/2013

10055 Dundee

Robert James Ray

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF NOTICE

ENVIRONMENTAL.

GOVERNMENTAL UNIT LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NATURE OF BUSINESS

BEGINNING AND ENDING DATES

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

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NAME ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

DATE OF TERMINATION

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS DATE OF WITHDRAWAL

TITLE

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year**

immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 8

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | April 24, 2015 | Signature | /s/ Robert James Ray | |
|------------------|--|--|---|--|
| | | C | Robert James Ray | |
| | | | Debtor | |
| Date | April 24, 2015 | Signature | /s/ Aimee Nicole Ray | |
| | | | Aimee Nicole Ray Joint Debtor | |
| | Penalty for making a false statement: Fine of | f up to \$500,000 or | imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571 | |
| 110(h) charge | I declare under penalty of perjury that: (1) I are mpensation and have provided the debtor with a count and 342(b); and, (3) if rules or guidelines have b | n a bankruptcy popy of this docur een promulgated on the debtor noti | TBANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) etition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document ment and the notices and information required under 11 U.S.C. §§ 110(b), pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services ce of the maximum amount before preparing any document for filing for a | |
| If the b | ed or Typed Name and Title, if any, of Bankruptcy bankruptcy petition preparer is not an individual, usible person, or partner who signs this document | state the name, t | Social Security No. (Required by 11 U.S.C. § 110.) itle (if any), address, and social security number of the officer, principal, | |
| Addre | SS | | | |
| X | | | | |
| Signa | ture of Bankruptcy Petition Preparer | | Date | |

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.